

STATEMENT OF ECONOMIC INTERESTS

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**CITY OF LA QUINTA
CITY CLERK DEPARTMENT**

Please type or print in ink.

NAME OF FILER (LAST) HENDERSON (FIRST) TERAY (MIDDLE) B

1. Office, Agency, or Court

Agency Name

LA QUINTA CITY COUNCIL Council member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of LA QUINTA ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is _____, through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____
 (Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- ☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/09/11
 (month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Terry Henderson

► 1. BUSINESS ENTITY OR TRUST

Stewardship Services

Name

54-711 Eisenhower LA Quivota

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

PROFESSIONAL FIDUCIARY SERVICE

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

1/10 1/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION PARTNER

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

DORAN CALVIN MAY TRUST

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

1/10 1/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

1/10 1/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

1/10 1/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>TERRY HENDERSON</u>

► STREET ADDRESS OR PRECISE LOCATION
54-685 Eisenhower Dr
CITY
LA QUINTA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Mardi Taylor

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Terry Henderson

► NAME OF SOURCE
Rutan and Tucker

ADDRESS (Business Address Acceptable)
611 Anton Blvd Costa Mesa CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/15/10</u>	<u>\$ 80.00</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

► NAME OF SOURCE
RSG

ADDRESS (Business Address Acceptable)
309 W. 4th St. Santa Ana CA 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/15/10</u>	<u>\$ 80.00</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	
<u> / / </u>	<u>\$</u>	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Terry Henderson</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

<p>▶ NAME OF SOURCE <u>League of California Cities</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street</u></p> <p>CITY AND STATE <u>Sacramento CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Advocacy For Cities and Residents</u></p> <p>DATE(S): <u>01/01/10 - 12/31/10</u> AMT: \$ <u>2844.55</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, meals + Lodging for</u> <u>Volunteer services as Board member</u> <u>of LCC</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____